

PLACE OF BIRTH
County of Yuma
District of _____
Town of Miami
or
City of _____ (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 169
Co. Register No. 396
Local Registrar's No. _____

FULL NAME OF CHILD Albert Howard Godhard Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child Male Twin, Triplet or other No and Number in order of birth 1st Legit. mate yes Date of Birth Aug 21 1918
(Month) (Day) (Yr.)

FATHER
Full Name John Thomas Godhard
Residence Miami
Color or Race White Age at last Birthday 37 (Years)
Birthplace Idaho
Occupation Mill man

MOTHER
Full Maiden Name Anna Elizabeth Krueger
Residence Miami
Color or Race White Age at last Birthday 30 (Years)
Birthplace Texas
Occupation House wife

Number of child of this mother 3 Number of children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child; and that it occurred on Aug 21 1918, at 11:30 P.M.
(Signature) B. W. Hardy (Attending physician, midwife, householder.*)
Address Miami, Ariz.

Given or christian name added from a supplemental report _____ 191_____
174-821-129
COUNTY REGISTRAR.

Filed Aug 26 1918
A True Copy
Filed Sep 9 1918
LOCAL REGISTRAR
COUNTY REGISTRAR.